

*Hawthorne*

Fordingbridge Rural District Council  
Sanitary Authority.

# **ANNUAL REPORT**

FOR THE

*Year ending December 31st, 1911,*

BY THE

## **Medical Officer of Health**

TO THE

## **FORDINGBRIDGE UNION.**

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FORDINGBRIDGE :

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A faint, light-colored watermark or background image of a classical building with four prominent columns and a triangular pediment occupies the center of the page.

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*My Annual Sanitary Report for 1911 is again arranged in a similar way to the last two years, as suggested by the County Medical Officer of Health.*

The PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT, and the SOCIAL CONDITIONS AND OCCUPATIONS of the inhabitants, have not altered during the past year, nor are they influenced in any way by special occupations, etc.

#### AREA AND POPULATION.

The area, approximately 29,300 acres, has not varied, but the population has increased during the past ten years by 315 souls, as shown by the Census returns. I find by the actual figures for the different Parishes in the District that 301 of the total increase of 315 have occurred in the Parish of FORDINGBRIDGE, showing that it is, as I thought in my Report for 1910, that the population of the outlying villages is, if not decreasing, stationary, and that the tendency is for more inhabitants to come to the town, where new buildings are more frequent.

I shall in the following paragraph show the difference in population in the separate Parishes in the Census of 1911, as compared with that of 1901.

PARISH.	Census, 1901.	Census, 1911.	Difference.
Ashley Walk ...	300	383	+ 83
Breamore ...	547	505	- 42
North Charford...	111	98	- 13
South Charford...	76	87	+ 11
Fordingbridge ...	3,155	3,456	+ 301
Hale ... ...	153	115	- 38
Rockbourne ...	469	448	- 21
Woodgreen... ...	216	207	- 9
Damerham South	547	549	+ 2
Martin... ...	376	390	+ 14
Toyd & Allenford	20	25	+ 5
Whitsbury ... ...	160	182	+ 22
Totals	6,130	6,445	+438 = 315
			Total Increase -123

The very great increase in Ashley Walk was probably accounted for by an influx of gipsies, who seem to have been more numerous than usual in this district. I cannot help commenting on the utter lawlessness of this nomadic population, they do not seem to conform to any regulations—social, educational, or sanitary—and yet,

taking them as a whole, they are remarkably healthy; I do not remember attending a dozen fatal illnesses amongst them, in the 26 years I have been in practice here, and I have always ascribed the fact to their compulsory "open-air treatment."

The increases at Martin and Whitsbury are probably accounted for by the establishment of a monastery of Trappist Monks at the former, and an enlarged racing stable at the latter; the latter reason may also account for the small increased figure under Toyd and Allenford. Otherwise the majority of the remaining villages show a decrease.

Overcrowding is not very common in the district, the average inhabitants per house being 4·1. There is still a want of cottages in some parts, and consequently there are occasional cases where the increase in family causes overcrowding to occur, and such cases are dealt with as they occur by means of boarding out some of the children, or even enlarging the cottage.

#### BIRTHS AND BIRTH-RATE.

During the year 1911, there have been registered 156 *Births*, two of them being "Inward Transfers." This is 22 above the number for 1910. 84 were males, 72 females, as compared with 62 males and 72 females in 1910. As is usual in this district, the males exceed the females. This total number of Births is 6 above the average for the past ten years, it is also only decimal .3 below the average per 1,000 for the past ten years, viz., 24·2 as against 24·5. Last year the Birth-rate was the lowest recorded for the past 25 years; this year it has practically recovered its right position. 18 of the Births were illegitimate, as against 10 last year, and 6 the year before; in 9 of the illegitimate Births the mothers were gipsies, and the other 9 were practically all domestic servants. Illegitimacy appears to be increasing in the district, but the increase in the gipsy population has a good deal to do with the increase in this rate, once more proving what I say that they recognize very few of the ordinary rules of society, as marriage is the exception amongst them, although I believe the man and woman very generally are faithful to each other.

#### DEATHS AND DEATH-RATE.

During the year 1911, 85 *Deaths* from all causes were registered as belonging to the district, 7 being "Inward Transfers." The total for 1910 was 61; 1909, 80; and 1908, 92. In these last three years no Inward Transfers appear.

This shows a Death-rate of 13·1 per 1,000 of the population, which is estimated at 6,445 souls, and the rate is precisely the same as the average for the past 10 years. So that just as in 1910 we had the lowest Birth-rate and lowest Death-rate recorded for a great many years, so in 1911 we have a normal Birth and Death-

rate, so that the rates seem to go up or down together. The abnormally hot summer was responsible for an increased mortality, and it was the most fatal September I remember during my 26 years experience, 15 deaths being registered for that month alone. For some years past I have remarked on the almost total disappearance of Diarrhoea, but during the past summer the disease assumed very virulent activity, and accounted for 7 deaths, 3 of the number being 80 years of age, one 66 years, one 28 years, and two 7 months old. December, on the other hand, which was warm and mild, had an exceptionally low record, only 3 deaths occurring, and it is an astonishing fact that no death was recorded in the district from December 14th, 1911, to January 26th, 1912, a period of six weeks, only two deaths being returned for the whole of January, 1912. 41 of the deaths occurred in the first half of the year, and 44 in the second half; and contrary to the usual rule, the second half of the year was more fatal than the first half. August and December show 3 deaths each; June, 4 deaths; January, 5 deaths; May and July, 6 deaths each; February, April and October, 8 deaths each; November, 9 deaths; March, 10 deaths; and September, 15 deaths. The first quarter of the year shows 23 deaths, the second quarter 18 deaths, the third quarter 24 deaths, and the fourth quarter 20 deaths; and we notice that the third quarter was the most fatal, instead of being the opposite, as is usually the case, owing as I remarked before to the almost tropical heat of September. One uncertified death is recorded in an infant, prematurely born, who lived 6 hours. There is no record of still-births. All the above figures refer to "Deaths registered in the district."

#### COMMENTS ON THE DEATH-RATE.

Of the 85 Deaths, 37 were males, 48 females. 35 were *70 years or over* that age (11 males, 24 females), 15 being *80 years or over* (6 males, 9 females), and 1 female being *94 years* of age. The 35 over 70 years of age averaged 78·9 years each; the 11 males averaged 78·8 years each, and the 24 females averaged 78·2 years each. As is more usual, the average of the males exceeds that of the females. As above, all these figures refer to "Deaths registered in the district."

- 12 were *between 60 and 70 years* of age (6 males, 6 females).
- 6 were *between 50 and 60 years* of age (3 males, 3 females).
- 2 were *between 40 and 50 years* of age (1 male, 1 female).
- 3 were *between 30 and 40 years* of age (all females).
- 6 were *between 20 and 30 years* of age (3 males, 3 females).
- 2 were *between 10 and 20 years* of age (1 male, 1 female).
- None were *between 5 and 10 years* of age.
- 1 was *below 5 years and above 1 year* of age (a male).

The mortality *below 1 year* of age amounted to 18 (11 males and 7 females).

53 of the total number of deaths were at the two extremes of life, and 65 of the 85 deaths were below 1 year and above 60 years of age, leaving 20 deaths to be distributed over the intervening 59 years, as shown above. The number who lived to be over 70 years of age was 11 more than in 1910, and the mortality between 50 and 70 years of age was 18, as against 16 in 1910 and 21 in 1909. The mortality between 40 and 50 years of age was the same as in 1910, viz., 2, but that between 20 and 30 years of age was three times as much as in 1910, viz., 6. The increase in the death-rate (85 as against 61) chiefly occurred at the two extremes of life, and I noticed that the intense heat affected the oldest and youngest more than it did those of intervening age.

*Infantile Mortality.*—The rate per 1,000 of Births for the district for the ten years, 1901-1910, is 79·6, and the similar rate for the past year is 123·3. This is very high indeed, but there are 5 Premature Births as against 2 in 1910, and 2 due to Diarrhoea as against 1 in 1910. There are also 5 deaths from Pneumonia (all forms) as against none for 1910. The increased death-rate under these three heads practically accounts for the great increase in the whole infantile mortality, as compared with 1910 (19 against 8).

*Zymotic Death-rate.*—One death due to *Diphtheria* is recorded under this head. Although swabs were taken, and the Klebs Loeffler bacillus was not discovered, the patient died from sudden cardiac failure, just as the membrane began to clear away.

One fatal case of *Cerebro-spinal Meningitis*, in a parturient woman, is also recorded. The disease, as also *Acute Poliomyelitis*, was made notifiable in the district shortly after this fatal case, and one other case in an infant has been notified. Otherwise there does not seem to have been any epidemic of it in the district.

*Influenza Death-rate.*—Two fatal cases are recorded for the year, both in old women, one 74 and the other 77 years. The first complicated with Pneumonia, and the second with Cardiac Syncope. The disease was not very virulent this year.

*Cancer Death-rate.*—8 deaths are recorded for the past year, which is a very heavy rate compared with last year, when it was only 4. The deaths were due to *Cancer of the Thyroid, Stomach, Vulva, Uterus, Breast, Liver, and Gall Bladder*, and one due to *Rodent Ulcer*.

*Tuberculous Death-rate.*—6 deaths were recorded for the past year, viz., *Phtisis Pulmonalis*, 5, and *Tabes Mesenterica*, 1. The rate is still below that for the past ten years, which is about 7·8.

It is gratifying to note that the Notification of Pulmonary Consumption is compulsory amongst all classes of the community, a course of action I have advocated for a great many years, as I considered any notification short of that little less than useless.

*Other Respiratory Diseases.*—The death-rate under this heading is 15, as against 9 for 1910. In this number are included 5 deaths from *Bronchitis*, 3 from *Broncho-Pneumonia*, 6 from *Pneumonia*, and 1 to *Pleurisy*. Pneumonia, which was absent in 1910 as a cause of Respiratory death, accounts for the extra 6 in 1911.

#### PREVALENCE OF INFECTIOUS DISEASE.

During the year 1911 we have a total of 38 cases of Notifiable Disease, as compared with 28 for 1910. Of this number, *Erysipelas* accounts for 15, *Scarlet Fever* for 12, *Diphtheria* for 6, *Phthisis* for 3, *Enteric Fever* for 1, and *Cerebro-Spinal Meningitis* for 1.

*Erysipelas.*—All of the 15 cases were of the sporadic form, most of them very mild, none fatal.

*Diphtheria.*—3 of the cases occurred in one family, one being of a very severe nature. One case was fatal, as noticed before; the other 2 cases were of a mild form and not connected with each other. As a consequence of the outbreak in the house where the three cases occurred, I was able to get the surrounding drainage thoroughly overhauled, the Town Hall being in a very doubtful sanitary state as regards its drainage. It is now thoroughly renovated and up to date.

*Scarlet Fever.*—Of the 12 cases notified, 10 resulted from an overlooked very slight case, which seems to have been contracted by a boy as he was being driven through Britford, near Salisbury, where the disease had been prevalent for some months last year; one of the two remaining cases also having been contracted in the village by a boy who went to see his friends there. The outbreak of 10 began in a small overcrowded cottage at Frogham, in the very hot weather in August, and owing to the prevalence of Measles at the same time, one or two of the first cases were mistaken for that disease. I tried in every way to curtail the spread of the disease, but it spread to another cottage in the village through a girl acting as servant in the first house, and without my knowledge going home to sleep; and from this second cottage it spread, through a boy going from the second to sleep in another cottage. The disease was very severe in two of the cases in the first cottage, one child having a complication in the form of Nasal Diphtheria; but eventually none of the cases were fatal. Strict precautions were taken as to the attendance at school, and seeing that the disease had several days start before it was recognized, it is the greatest wonder that it did not rage all over the

neighbouring district—it was only by constant and careful watching of the cases that such a spread was avoided. It is hopeless work trying to deal with such diseases in these small insanitary cottages in anything like an effectual manner, and only shows how necessary Isolation Hospitals are, if we are to successfully prevent the spread of infectious disease. This statement may be thought to be rather at variance with my opinion under the same head last year, but this Frogham outbreak has convinced me that we are not at present in a satisfactory position to deal with such outbreaks. At the request of the District Council, I attended one of their meetings on this special outbreak and expounded my views on the subject.

*Enteric Fever.*—There seems to have been considerable doubt about the one case recorded under this head, but I personally inspected the premises, which were those of a dairy farm, and recommended considerable improvement and approved other alterations, including the erection of a modern dairy away from the living house.

*Cerebro-spinal Meningitis and Poliomyelitis.*—The one case notified occurred in an infant. The fatal case of Poliomyelitis occurred before the disease was notifiable.

*Phthisis.*—The three cases notified were followed up by the Inspector of Nuisances and necessary directions given. But the routine procedure under this head has only been finally settled in this district since the beginning of the present year, 1912, and I think we are now in a position to deal with all cases as they arise.

#### GENERAL OBSERVATIONS ON THE SANITARY CONDITION OF THE DISTRICT.

*Vaccination* is less and less practised every year. As Public Vaccinator to the No. 2 District, I only performed the operation on 19 children during the whole year. The district is fast becoming more and more unprotected against an epidemic of Small Pox.

*Milk Supply.*—The whole district has been systematically inspected as regards its dairies and cow-sheds, and certain cases of Tuberculous beasts have been followed up, until the affected animals have passed out of the district. It seems strange to me that Tuberculous beasts are not destroyed, just as swine are when affected with Swine Fever, for at present, if an animal is declared to be Tubercular, the owner appears to dispose of it as soon as possible, outside the Sanitary District in which it has been declared diseased; and surely, if our endeavours to stamp out Tubercular Disease are to meet with success, we should destroy a known source of the disease as soon as discovered. I had much

pleasure in noticing how very much the dairies and cow-sheds are improving in general sanitation, and how anxious the owners, as a rule, appeared to be, to help the sanitary authorities.

*Food Supply.*—There is no fault to find with this. The local slaughter-houses and bake-houses are periodically inspected, and are kept in a sanitary state, and the standard of meat, both English and otherwise, appears to be good.

*Water Supply.*—The water supply of the district is entirely from deep and shallow spring and soak wells, and as a whole is good, although in many places the supply gave out in the exceptional drought experienced during the past summer. Before the break up of the drought, I had the whole district posted with bills advising the sterilization, by boiling, of all drinking water, in order to prevent the outbreak of disease, and I am glad to say that no increase of gastric disorders occurred after the rain came, the bulk of the cases occurring during the height of the heat wave.

*Pollution of Rivers and Streams.*—This occurs to some extent, and during the autumn, by my orders, the Inspector of Nuisances made a tabular statement of the pollutions occurring in the whole district, and laid the same before the District Council.

*Drainage of the District, and other disposal of Sewage.*—This is almost entirely by cesspools, which are periodically emptied.

*Privy and Closet Accommodation.*—In every possible case I get the dry earth and pail system substituted for the old vault system, and the sanitary condition of the district is certainly improving in this particular. Otherwise, water-closets and cess-pools are the usual rule.

*Refuse Removal.*—This is working very well in the Town now, and the service is very regular and well conducted, except that once more I have to find fault with some of the receptacles used for storage and removal of refuse.

*Housing Accommodation.*—I append a tabular report of the work done by the Inspector of Nuisances under this head. Of 95 Nuisances abated, 91 were the result of his informal notice, and only 4 required formal notice by the Authority. As a result of his inspections, he reports as follows:—"A frequent nuisance met with in the country is overcrowding. Cottages are generally small, consequently any large families are overcrowded, and in some cases it is almost an impossibility to get it abated, for the cottagers cannot afford to pay for larger cottages, and even if they could, the cottages are not to be had. In those cases where some of the children are boarded out, they are almost sure to get back, unobserved, for the reasons that they would sooner be 'at home,' and the parents want to save the extra expense of boarding them out."

I myself recognise the very great difficulty of dealing with this subject, and the one hopeful thing is that the opening of windows is much commoner than it used to be. At the same time, I am convinced that, taken as a whole, the standard of labourer's cottage has improved during the past quarter of a century in a very marked degree.

There are no registered Lodging-houses in the district. The Schools have been periodically inspected, and are kept in a satisfactory state.

#### FACTORY AND WORKSHOP ACT.

This Act has very little bearing on this rural district, but such work as came under this head is shown on the proper table provided for the purpose.

#### GENERAL SANITARY SUMMARY FOR THE YEAR 1911.

I am glad to say that the sanitary condition of the district is improving. The adoption of Building Bye-laws is assured, and not before such a course was needed. This result was attained after a very marked case, which occurred at the beginning of the year, although, in the absence of the Bye-laws, the Sanitary Authority practically compelled the builder to erect his houses and lay out his surrounding land in a sanitary manner.

At the time of closing my Report, the health of the district is good, with the exception of a comparatively mild form of Influenza.

**HERBERT V. RAKE,**

*Medical Officer of Health for the Rural District Council  
of the Fordingbridge Union.*

Feb. 27th, 1912.